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COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled FLUID DELIVERY AND MEASUREMENT SYSTEMS AND METHODS, the specification of which:

- ☐ is attached hereto.
☒ was filed on November 30, 2001 as Application Serial No. 10/006,526 and was amended on _____
☐ was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

U.S. Serial No.	Filing Date	Status
U.S.S.N. 60/250,538	11/30/2000	Abandoned
U.S.S.N. 60/250,408	11/30/2000	Abandoned
U.S.S.N. 60/250,927	11/30/2000	Abandoned
U.S.S.N. 60/250,422	11/30/2000	Abandoned
U.S.S.N. 60/250,413	11/30/2000	Abandoned
U.S.S.N. 60/250,403	11/30/2000	Abandoned
U.S.S.N. 60/324,412	09/24/2001	Abandoned

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

P. Louis Myers, Reg. No. 35,965
Sean P. Daley, Reg. No. 40,978

Laurie Butler Lawrence, Reg. No. 46,593
Tu N. Nguyen, Reg. No. 42,934

Address all telephone calls to TU N. NGUYEN at telephone number (617) 542-5070.

Address all correspondence to LOUIS MYERS at:

FISH & RICHARDSON P.C.
225 Franklin Street
Boston, Massachusetts 02110-2804

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

Full Name of Inventor: ROBERT R. GONNELLI

Inventor's Signature: _____

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Mahwah, NJ

Citizenship: U.S.A.

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Date: COPY

Full Name of Inventor: STEVEN F. LEVESQUE

Inventor's Signature: _____

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Citizenship: U.S.A.

Post Office Address: 264 King St.
Hanson, MA 02341-1139

Date: _____

Full Name of Inventor: DAVID LIPSON

Inventor's Signature: _____

Residence Address: 131 Pheasant Brook Rd.
No. Andover, MA

Citizenship: U.S.A.

Post Office Address: 131 Pheasant Brook Rd.
No. Andover, MA 01845

Date: 5-13-2002

Full Name of Inventor: PETER F. MARSHALL

Inventor's Signature: _____

Residence Address: 1842 Shirley Rd.
Lancaster, MA

Citizenship: U.S.A.

Post Office Address: 1842 Shirley Rd.
Lancaster, MA 01523

Date: _____



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